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2. Rehabilitating the Heart Patient. Presentation given to the Northern California Chapter of Cardiac Rehabilitation Specialists, San Francisco, CA, 1984.

3. The Role of Psychological and Information Factors in Rehabilitating the Heart Attack Patient. Invited speaker, Cardiology Grand Rounds, Pacific Medical Center, San Francisco, CA, 1984.

4. The Effect of Mismatch Between Repressive Style and information Gain on Rehabilitation Outcomes in Myocardial Infarction Patients. Paper presented at the American Psychological Association National Convention, Toronto, Canada, 1984.

5. The Role of Psychological Factors in the Treatment of Cardiac Patients. Invited speaker, Heart to Heart Program, San Francisco Chapter of the American Heart Association, 1985.

6. Clinical and Morphologic Factors in Prediction of Restenosis after Multiple Vessel Angioplasty. Paper presented at the American College of Cardiology Annual Scientific Sessions, Atlanta, Georgia, 1986.

7. The Role of Psychological Factors in the Education and Treatment of Cardiac Patients. Invited speaker, "Angina: Innovations in care" 1986 Nursing Symposium sponsored by the American Heart Association, San Mateo Chapter, 1986.

8. Effect of Coping and Knowledge on Restenosis and Late Complications after Angioplasty (PTCA). Paper presented at the X World Congress of Cardiology, Washington DC, 1986.

9. Factors Predicting Restenosis and Late Complications Following Coronary Angioplasty. Paper presented at the American Heart Association Annual Scientific Sessions, Dallas, Texas, 1986.

10. Acute complications following coronary angioplasty of totally occluded vessels. Paper presented at the American Heart Association Annual Scientific Sessions, Anaheim, California, 1987.

11. Is incomplete revascularization more important than lesion morphology in the incidence of late events after angioplasty? Paper presented at the American Heart Association Annual Scientific Sessions, New Orleans, Louisiana, 1989.

12. Are coronary angioplasty and coronary bypass patients different in psychological and health perceptions? Paper presented at the American College of Cardiology Annual Scientific Sessions, New Orleans, 1990.

13. The research process - from hypothesis to publication. Cardiology Grand Rounds, University of California San Francisco, School of Medicine, 1990.

14. Symposium Chair and organizer - First Annual Symposium on Invasive Cardiology in the 1990's: Clinical trials, new devices and the proliferation of data - where we were, where we are, and where we're going, Kauai, Hawaii, March 24-27, 1991.

15. Symposium organizer - Spring Symposium Series on Cardiovascular Advances, San Francisco, California, March-April, 1991-1992.

16. Symposium Chair and organizer - Second Annual Symposium on Invasive Cardiology in the 1990's: From Research to Reality: Translating Results into Clinical Practice, Amelia Island, Florida, September 23-26, 1992.

17. Symposium organizer - Second Annual Symposium Series on the Diagnosis and Treatment of Cardiovascular Disease, San Francisco, California, September-April, 1992-1993.

18. ACCEL (American College of Cardiology Educational Library) Tape Series: Women versus Men Undergoing Coronary Angioplasty or Bypass Surgery: A Five Year Study. 1993 ACCEL series.

19. Comparison of Women Undergoing Multiple Vessel Revascularization with Coronary Bypass Surgery or Balloon Angioplasty: A Five-Year Study. Paper presented at the American College of Cardiology 42nd Annual Scientific Sessions, Anaheim, California, 1993.

20. Symposium Co-chair (with Richard K. Myler, M.D. and Robert M., Califf, M.D.) - Third Annual Symposium on Invasive Cardiology in the 1990's: Atherogenesis, Thrombosis and Restenosis - Challenges for Intervention, Monterey, California, September 26-29, 1993.

21. PTCA: Success and Complications. Cardiology Grand Rounds, California Pacific Medical Center, San Francisco, California, 1993.

22. Symposium organizer - Third Annual Symposium Series on the Diagnosis and Treatment of Cardiovascular Disease, San Francisco, California, September-April, 1993-1994.

23. Utility of the Framingham Risk Factor Profile in Predicting Late Events after Coronary Angioplasty. Paper presented at the American College of Cardiology 43rd Annual Scientific Sessions, Atlanta, Georgia, 1994.

24. Symposium organizer - Fourth Annual Symposium Series on the Diagnosis and Treatment of Cardiovascular Disease, San Francisco, California, September-April, 1994-1995.

25. Co-moderator (with Dean Kereiakes, M.D.) for symposium and editor of a special issue of **The Journal of Invasive Cardiology** on the meeting titled "Improving outcomes in patients at higher risk of ischemic complications during and after PTCA", Amelia Island, Florida, 1994.

26. Invited speaker for the 1994 International SIR Users Group Meeting, presenting 2 papers, "Issues in the collection and analysis of longitudinal cardiac treatment data" and The development of an integrated database system for management of cardiac data", London, England, 1994.

27. Co-chair (with Dean Kereiakes, M.D.) and presenter, Evening Symposium titled "Perfusion Balloon Angioplasty" at the Transcatheter Cardiovascular Therapeutics - VII, Seventh Annual Symposium; presentation titled "Inflation Duration: Changing Strategies", February 22, 1995, Washington, D.C.

28. Chair, Session on Interventional Cardiology, 3rd International Congress on Heart Failure - Mechanisms and Treatment, May 21-25, 1995, Geneva, Switzerland.

29. Invited speaker for the Daughter's of Charity National Healthcare System First National Cardiac Education Meeting, held June 8-9, 1995, Indiana Heart Institute, Indianapolis, Indiana

30. Co-Moderator (with Michael Lincoff, M.D.), organizer, and editor of a special issue of **The Journal of Invasive Cardiology** on the meeting "Evolution of the Clinical Applications of ReoPro", July 21-23, 1995, Amelia Island, Florida

31. Symposium participant, presentation titled "Perfusion Balloon Angioplasty: Comparison to Other Interventional Devices", at the Perfusion Balloon Strategies Symposium, Sequoia Hospital Annual Interventional Meeting, October 12, 1995, San Francisco, California

32. Invited speaker for the Daughter's of Charity National Healthcare System Second Annual National Cardiac Education Meeting, held October 21-22, 1996 at St. Thomas Hospital, Nashville, Tennessee

33. Symposium Moderator for "A Symposium on Platelet IIb/IIIa Receptor Inhibition in Interventional Cardiology" held in conjunction with the course New Horizons in Cardiovascular Intervention, May 4-7, 1997, San Francisco, California

34. Invited speaker for the Daughter's of Charity National Healthcare System Third Annual National Cardiac Education Meeting, held October 12-14, 1997 at the San Francisco Heart Institute Seton Medical Center, Daly City, California

35. Symposium participant, presentation titled "Identifying Your Data Reporting Needs", at the American College of Cardiology special session "How to Collect and Use Clinical Data to Enhance Quality Patient Care" sponsored by the ACC Database Committee and held in conjunction with the ACC Annual Scientific Meeting, March 28, 1998, Atlanta, Georgia

36. Invited speaker for the 1998 International SIR Users Conference, presented paper titled "Forces Driving the Development of Cardiac Databases", April 20-22, 1998, Orlando, Florida

37. Invited speaker for the Third Annual Clinical Quality Physician Education Series, Information Systems and Clinical Process Improvement, lecture titled "Identifying Data Reporting Needs: Challenges and Solutions", sponsored by SSM Healthcare, November 5, St. Louis, Missouri

38. Symposium participant, presentation titled "Cardiac Data Uses and Reporting", at the American College of Cardiology special session "Supporting Quality Patient Care with Clinical Data" sponsored by the ACC Database Committee and held in conjunction with the ACC Annual Scientific Meeting, March 7, 1999, New Orleans, Louisiana

39. Symposium participant, presentation titled "Assessing Database Goals and Resources ", at the American College of Cardiology special session "Supporting Quality Patient Care with Clinical Data" sponsored by the ACC Database Committee and held in conjunction with the ACC Annual Scientific Meeting, March 7, 1999, New Orleans, Louisiana

40. Invited lecture, "Getting your point across: understanding the basics of data analysis and presentation" sponsored by the Seton Medical Center CME Committee and the Performance Improvement Department, May 11, 1999, Seton Medical Center, Daly City, California

41. Moderator for symposium titled "Hot Topics in Vascular Intervention: A Point/Counterpoint Discussion" sponsored by Medtronic AVE and held in conjunction with TCT XI, September 23, 1999, Washington, D.C.

42. Moderator for symposium titled "Angio-Seal Town Meeting: Current and Future Clinical Insights" sponsored by Daig and held in conjunction with TCT XI, September 24, 1999, Washington, D.C.

43. Invited speaker for Medical Rounds, California Pacific Medical Center, lecture titled "Changing Patterns of GPIIb/IIIa Inhibitor Use: Effects on Short Term Clinical Outcomes and Cost", October 22nd, 1999, San Francisco, California.

44. Invited speaker for the Second Annual Heartbase Users Meeting, lecture titled "Making the Most of Your Cardiac Database", October 28th and 29th, 1999, Chicago, Illinois.

45. Invited speaker for The Acute Coronary Syndromes Meeting sponsored by Genentech and Catholic HealthCare West. Northern California, lecture titled "Use of the NRMI registry as a Quality Improvement Process", October 30th, 1999, Westin Hotel, San Francisco International Airport, Millbrae, California.

46. Invited speaker, Medical Rounds at the University of Arizona School of Medicine, lecture titled "Changing Patterns of GPIIb/IIIa Inhibitor Use: Effects on Short Term Clinical Outcomes and Cost", November 1rst, 1999, University of Arizona, Tucson, Arizona.

47. Invited speaker for The Acute Coronary Syndromes Meeting sponsored by Genentech and Catholic HealthCare West, Southern California, lecture titled "Impact of Changing Patterns of IIb/IIIa Inhibitor Use on Outcomes and Cost: The Seton Medical Center Experience", November 12th and 13th, 1999, Hyatt Regency Hotel, Long Beach, California.

48. Presenter at the ACC-NCDR Users Group Meeting held in conjunction with the 49th Annual Scientific Sessions of the American College of Cardiology, talk titled "ACC/NCDR Preliminary Data", March 11, 2000, Anaheim, California.

49. Presenter at the ACC-NCDR Users Group Meeting held in conjunction with the 49th Annual Scientific Sessions of the American College of Cardiology, talk titled "Interpreting ACC/NCDR Reports (Quality and Institutional)", March 11, 2000, Anaheim, California.

50. Presenter at the scientific session "ACC National Cardiovascular Data Registry and STS Database Programs Working to Improve Patient Care" held at the 49th Annual Scientific Sessions of the American College of Cardiology, talk titled "ACC National Cardiovascular Data Registry – Preliminary Data", March 14, 2000, Anaheim, California.

51. Presenter at the International Andreas Gruentzig Society Biennial Meeting, talk titled "The Power of Modern Computing and the Internet in the Delivery and Evaluation of Cardiac Care", May 28 – June 1, 2000, Crete.

52. Presenter, Webinar titled "Improving Patient Care through Better Analytics and Reporting" sponsored by SPSS Inc., Chicago, Illinois – International web-based program presented on March 1, 2001, attended by over 175 participants worldwide.

53. Presenter at Medical Grand Rounds, talk titled "Improving the Quality of Care for Cardiac Patients While Controlling Costs", March 2, 2001, Blanchard Valley Regional Health System, Findlay, Ohio.

54. Presenter at the ACC-NCDR 2nd Annual User Group Meeting: Improving Patient Care with Quality Data, talk titled "Risk Adjustment Methodology and Interpretation: What Does It All Mean?", March 17, 2001, Orlando, Florida.

55. Presenter at the Special Report: Clinical Outcomes from the ACC-NCDR talk titled "Risk Adjustment for PCI Patients", held in conjunction with the American College of Cardiology 50th Annual Scientific Sessions, March 20, 2001, Orlando, Florida.

56. Presenter, Webinar titled "Improving Patient Care through Better Analytics and Reporting" sponsored by SPSS Inc., Chicago, Illinois – International web-based program re-presented on May 10, 2001, attended by over 100 participants worldwide.

57. Keynote Speaker, talk titled "Understanding Risk Adjustment Methodology and Its Application to Cardiovascular Medicine", HeartBase Annual Users Conference 2001, September 26-28, 2001, Chicago, Illinois.

58. Co-Chair with David J. Cohen – ACC Session "Modeling Outcomes and Cost" , oral presentation session at the American College of Cardiology 51rst Annual Scientific Session, March 18, 2002, Atlanta, Georgia.

59. Presenter at the ACC-NCDR 4th Annual User Group Meeting: Improving the Quality of Care for Cardiac Patients, talk titled "What's New in the NCDR Version 3.0 Dataset", March 28, 2003, Chicago, Illinois.

60. Presented 2 lectures, "Introduction to Cath Lab Module v3.0 101" and "ACC-NCDR: Risk Adjustment and Benchmarking for Quality Improvement" at the workshop The Future of Invasive Cardiology Performance Measurement: ACC-NCDR Workshop, held on October 11-12, at La Jolla, California and November 6-7, at Hollywood, Florida.

61. Presented 3 talks at the ACC-NCDR 5th Annual User Group Quality Conference. Talk 1 "Cath Lab Module v3.0 Questions and Answers", Talk 2 "When Your Data Comes Back to Haunt You: Key Ingredients to Data Cleaning", Talk 3 "Public Reporting: Quality is No Secret", March 5th and 6th, 2004, New Orleans, Louisiana.

62. Presenter at the AHA/ACC 5th Scientific Forum on Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke. Talk titled: Outcomes Research Using National Databases and Existing Trials: The ACC-NCDR Database, May 14-17, 2004, Washington D.C.

63. Presented lecture titled "Understanding Risk Adjustment and its Relationship to Benchmarking, Quality Improvement and Care of the Cardiac Patient" at the ACC-NCDR Version 3.0 workshops held in La Jolla, California. September 23-24, 2004 and Washington D.C. on October 14-15, 2004.

64. Presented 2 talks at the ACC-NCDR 6th Annual User Group Quality Conference. Talk 1 "V3.04 Data Quality and Institutional Report Interpretation", Talk 2 "No Skipping Reliability and Integrity: The Challenge of Maintaining Clean Data", March 4th and 5th, 2005, Orlando, Florida.

65. Presented at the ACC-NCDR 7th Annual User Group Quality Conference. Talk titled "ACC-NCDR Reports for the CathPCI and ICD Registries", March 10, 2006, Atlanta, Georgia.

66. Presented at the 2006 Mi0Co Users Meeting, talk titled "CRUSADE data collection project using the Tablet-PC and Mi-Forms software", April 25th, 2006, Durham, North Carolina.

67. Presentation titled "Understanding current approaches to risk-adjustment of clinical outcomes in cardiac surgery". Department of Cardiovascular and Thoracic Surgery Grand Rounds, May 5th, 2006, California Pacific Medical Center, San Francisco, California.

68. Presentation titled "Risk-adjustment Methodologies in Cardiology and Cardiac Surgery and the Use of Data in Public Reporting". Department of Medicine and Cardiac Surgery Grand Rounds, June 26th, 2006, The Valley Hospital, Ridgewood, New Jersey.

69. Keynote address at the HIMSS Health Care Solutions Summit 2006, presentation titled "Development of a Mobile Web for Healthcare Data Collection Using Tablet-PC and E-Forms Technology" October 19, 2006, La Jolla, California.

70. Presentation titled "CMS.gov: JCAHO Core Measures and AHA/ACC Guidelines", St. Luke's second annual symposium on the diagnosis and treatment of heart failure. February 24, 2007, San Francisco, California.

Revised 4/15/2007

EXHIBIT B

Analysis of Mortality and Selected Complications for Cardiac Surgeries Performed by Coyness Ennix, M.D. Compared to Non-Kaiser Surgeons at Summit Medical Center

Richard E. Shaw, M.A., Ph.D., F.A.C.C., F.A.C.A.
August 30, 2005

I was asked by Dr. Coyness Ennix to provide an analysis to compare his cardiac surgical results with those of Non-Kaiser Surgeons performing procedures at Summit Medical Center and to comment on analyses that were performed at his request by Dr. Howard Barkan. All of the data used for these analyses were provided to me by Dr. Ennix and contained his specific results and aggregate results for the other Summit Medical Center cardiac surgeons.

There are 4 points related to comparing surgical results that I would ask the committee to consider before reviewing this report:

1) It is extremely difficult, if not impossible, to compare cardiac surgeons by examining their overall surgical experience. The mortality and complications of isolated CABG surgical procedures vary substantially from those involving isolated valve replacement or repair, or combinations surgeries involving CABG and valve procedures. The valve and combination procedures carry a much higher risk. This is why the Society of Thoracic Surgeons (STS) national data registry reports the results for these types of surgeries separately. Since CABG surgery is the most commonly performed cardiac surgery, it is often used by itself to assess the outcomes of a program or an individual surgeon. This is why the State of California has chosen to evaluate cardiac surgical performance of institutions and surgeons based on their results in isolated CABG.
2) Any comparisons that involve rates are subject to instability with small sample sizes. The occurrence of 1 event in 25 cases versus 1 event in 100 cases produces vastly different rates. This issue is important in comparing results between institutions, and is extremely critical when comparing rates between surgeons. There are 2 approaches to minimize the effect of small sample sizes: 1) use confidence intervals when comparing rates; and 2) pooling results across longer time periods. In Dr. Barkan's report and mine, we have both tried to incorporate the use of confidence intervals where possible and pooled results across broader time periods. As a point of reference, the California state project for tracking performance for CABG surgery (CCORP) has proposed pooling individual surgeon data across 3 years before comparisons are made.
3) It is misleading and inaccurate to compare the outcome of any medical or surgical intervention without including risk adjustment. Extensive work has been done in cardiac surgery to develop risk models for mortality and selected complications (return to the OR, deep sternal wound infection, permanent stroke, prolonged ventilation and renal failure). Risk adjustment must be incorporated into any

legitimate comparison between institutions or surgeons to draw accurate conclusions.

4) With advances in drug-eluting stent technology and other percutaneous catheter techniques, the complexity of cases presenting for cardiac surgery has increased dramatically over the last 2 years, and the volume of patients referred for cardiac surgery has decreased significantly. These trends are going to continue and have an impact on surgical outcomes, placing even more demand on those evaluating surgical outcomes to take these trends into account.

Comment on Dr. Barkan's analyses

At the request of Dr. Ennix, I have reviewed the analyses done by Dr. Howard Barkan. His analyses are statistically accurate and incorporate appropriate confidence intervals and expected mortality risk. Based on these analyses, his conclusion that there is no statistically significant difference between mortality outcomes between Dr. Ennix and the non-Kaiser Surgeons operating at Summit Medical Center is valid.

Current report

Analysis of Mortality

In the current report, I have incorporated a technique that I have developed for the reporting system that is used by the American College of Cardiology for institutions participating in the National Cardiovascular Data Registry. In this approach, the ratio of the observed mortality (O) to expected (E) is calculated, dividing O by E (O/E). This ratio provides a calibration that can be applied to normalize data and allow comparisons that take risk adjustment into consideration. If the observed mortality is equal to the expected mortality the O/E ratio is equal = 1.0. If the observed mortality is greater than the expected mortality, the O/E ratio is greater than 1.0. This implies that the results are not as good as the model generating the expected values would expect. If the observed mortality is less than the expected mortality, then the O/E ratio will be less than 1.0, suggesting that the observed results are better than expected. It is rare that this ratio is exactly equal to 1.0, and most often it will vary within a range to one side or the other. This calculation has confidence intervals, which allows one to compare to results and determine if they are significantly different. If the confidence intervals overlap between 2 calculations, then the conclusion is drawn that these are not statistically different. The O/E ratio can be used to normalize results by taking the overall observed mortality for a time period and multiplying the O/E ratio by this to get an adjusted mortality. Figure 1 displays O/E ratio for Dr. Ennix and the Non-Kaiser surgeons and the adjusted mortality for the years 2000 through the first quarter of 2005 in CABG only surgeries. Note that the O/E ratios cross back and forth around the line representing 1.0, and the adjusted mortality lines cross as well. Although not displayed here, the confidence intervals around these calculations overlap, indicating that there is no statistically significant difference between Dr. Ennix and the other surgeons. It is also noteworthy that when this risk adjustment is incorporated, there is no real trend towards better or worse results over

time. Figure 2 displays these same data aggregated into 3-year groupings and the overall experience. This demonstrates that the O/E ration for Dr. Ennix has gone down slightly in recent years, while the O/E ration of the other non-Kaiser surgeons is similar across the time periods. The confidence level bars are included in the display of the overall experience, and as is evident, they overlap, indicating that adjusted mortality is not significantly different. Although done using a different methodology than Dr. Barkan, these analyses are consistent and arrive at the same conclusion of no significant difference in mortality outcome comparing Dr. Ennix and the non-Kaiser surgeons. The results for non-CABG and combination procedures are not displayed here, but the volume of these procedures is so low for both the experience of Dr. Ennix and the non-Kaiser surgeons that the results are driven even more by small sample size and wide confidence intervals.

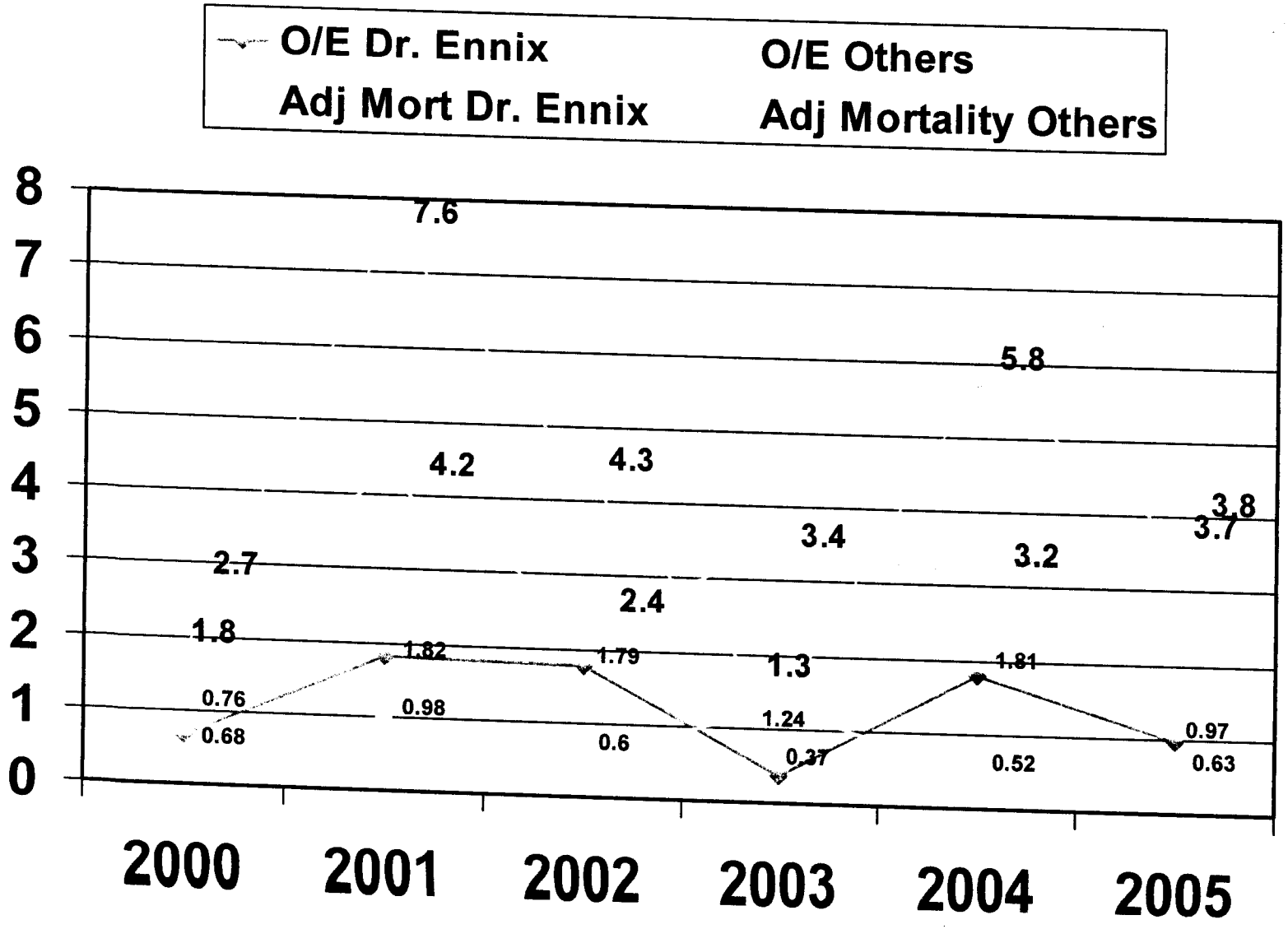
Analysis of post-surgical complications

Data reports provided to me did include rates by year for selected complications (return to the OR for any reason and sternal wound infections) for Dr. Ennix and the non-Kaiser surgeons performing surgery at Summit Medical Center. These reports did not include any breakdown of complication by type of surgery (i.e., CABG vs. Valve vs. CABG-Valve combination) or any of the risk adjusted calculations that are available to participants through the STS national database. I was provided with risk adjusted complications from STS for the entire medical center, but it was not broken down by surgeon. Therefore, any conclusions drawn from analyses done on these complications is very limited and can only be done in a valid way with STS risk adjusted complication data by surgeon broken down by type of surgery. Given these limitations, I have provided a display of 2 complications (unadjusted rate for return to the OR for any reason and sternal wound infection) by year to demonstrate that these unadjusted rates do fall into the range of complication rates reported by STS. Figure 3 displays the rate by year starting in 2002 of return to the OR for any reason for all cardiac surgeries performed by Dr. Ennix and the non-Kaiser surgeons. These unadjusted rates all fall within the range of rates that were reported by the STS for the 2004 national data for various types of cardiac surgery. Figure 4 presents similar data for sternal wound infection. These analyses only demonstrate that Dr. Ennix and the non-Kaiser surgeons appear to be within the ranges of what is being reported nationally by STS. No valid comparisons between Dr. Ennix and the non-Kaiser surgeons can be made without access to data that are risk adjusted by surgeon and of surgery.

Summary

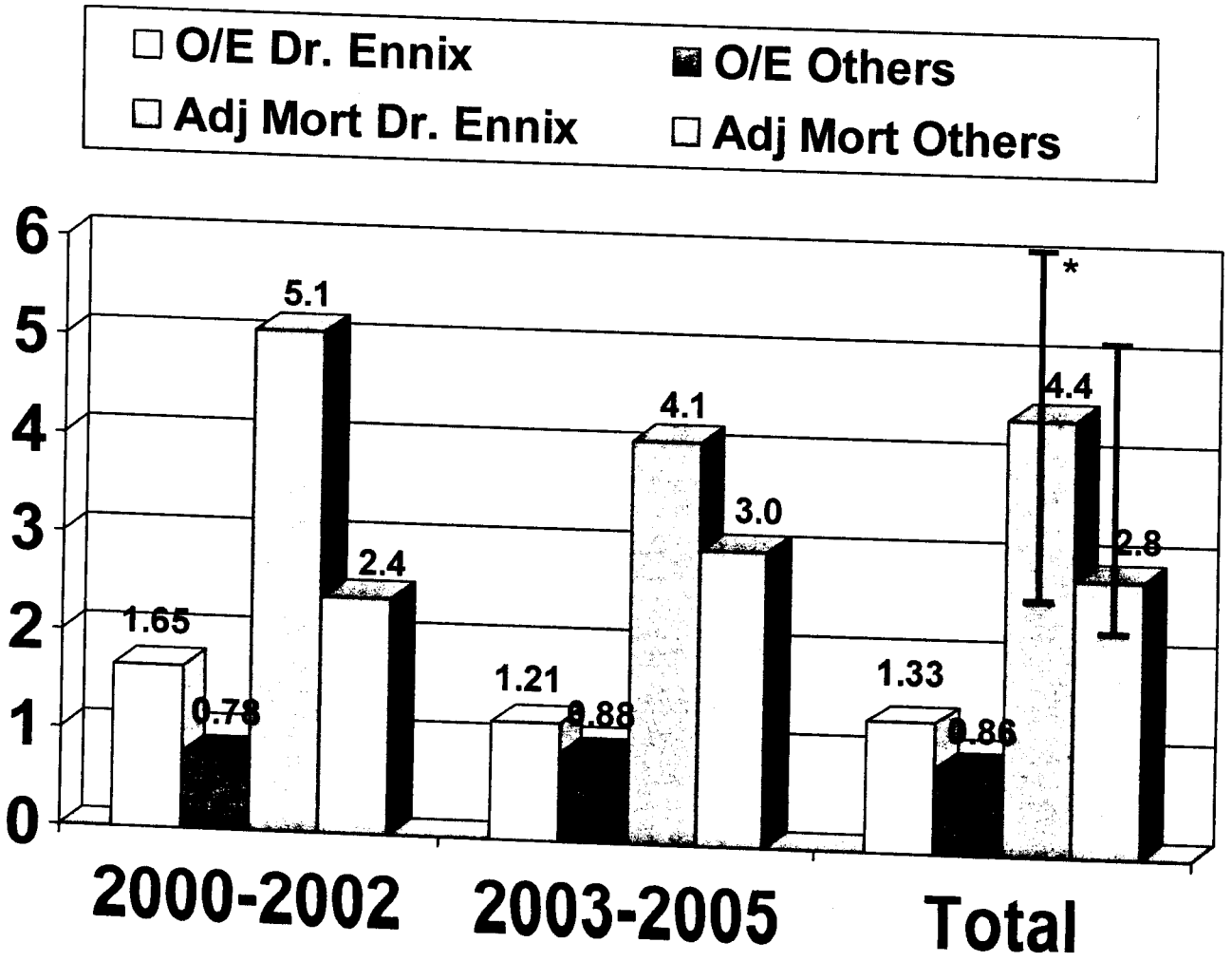
These analyses indicate that the cardiac surgical performance of Dr. Ennix, as assessed by risk adjusted mortality methods, is not significantly different than the mortality outcomes of the non-Kaiser cardiac surgeons operating at Summit Medical Center. There appears to be no trend for better or worse results over time when risk adjustment techniques are utilized. No definitive statement can be made about complications without the use of risk adjusted data by surgeon and type of surgery.

Comparison of Observed versus Expected (O/E) Mortality Ratio and Adjusted Mortality (O/E X Overall Mortality) by Year* for Dr. Ennix and Other Surgeons
(Figure 1)



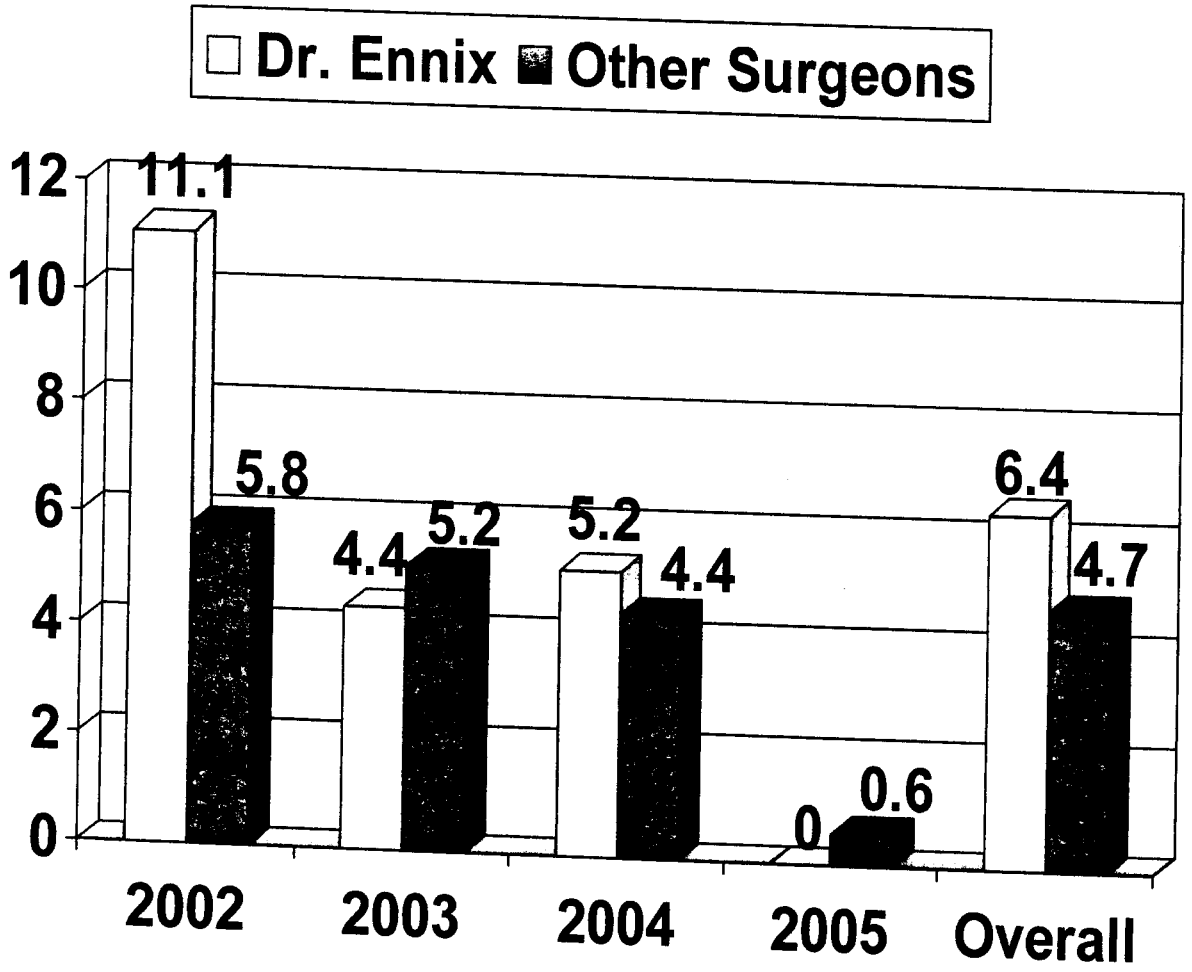
* Note that 95% confidence intervals for Dr. Ennix and other surgeons overlap every year, indicating no statistical difference

Comparison of Observed versus Expected Mortality (O/E) and Adjusted Mortality (O/E X Observed Mortality) for Dr. Ennix and Other Surgeons Combining 3-year Segments and Overall Expereince (Figure 2)



* Note that 95% confidence intervals for Dr. Ennix and other surgeons overlap, indicating no statistical difference

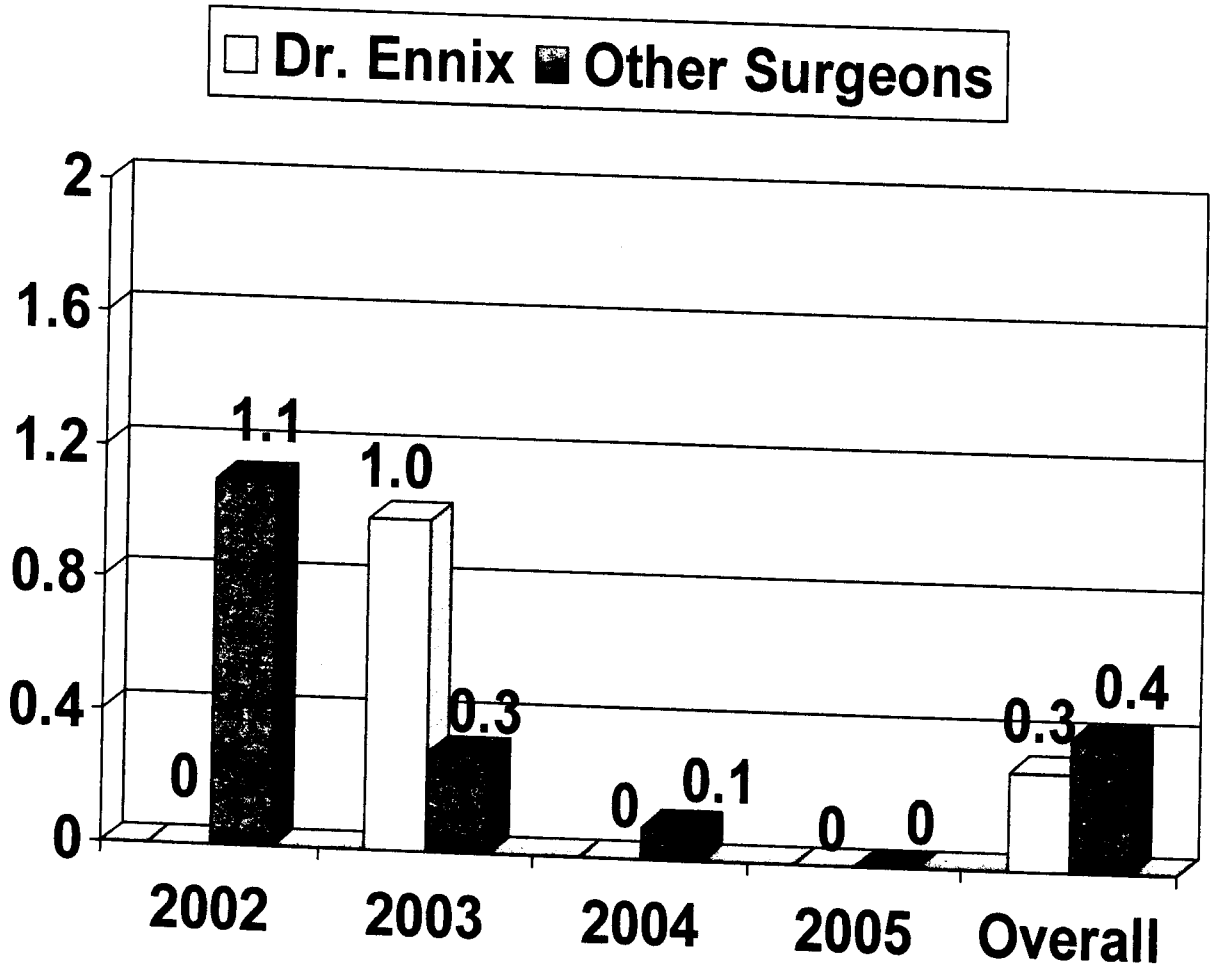
Return to OR in All Cardiac Surgeries for Dr. Ennix and Other Surgeons



STS 2004 Statistics for Return to OR:

CABG only = 5.3%
Isolated Valve = 7.9%
CABG + Valve = 10.6%

Rate of Sternal Wound Infection in All Cardiac Surgeries
for Dr. Ennix and Other Surgeons



STS 2004 Statistics for Sternal Wound Infection:

CABG only = 0.5%
Isolated Valve = 0.6%
CABG + Valve = 1.1%